

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Schell

1. PLACE OF DEATH

County Wuolah District No. _____
 Precinct _____ Precinct No. _____ State File No. _____
 (Write name, not number)
 or
 Inc. Town _____ City or Town No. _____ Registered No. _____
 or
 City Jacksonville No. _____ St., _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Mary Walker
 (a) Residence: No. 1639 Alameda Rd. St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE C 5. Single, married, widowed or divorced (write the word) single
 5a. If married, widowed or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH (month, day and year) _____
 7. AGE Years Months Days If LESS than 1 day, --- hrs. or --- min.
19 (1916) Aug. 21
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/28, 1935
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above, at 4:13 P.
 The principal cause of death and related causes of importance in order of onset were as follows:
Pulmonary, S.B. Date of onset _____
 Contributory causes of importance not related to principal cause: _____

12. BIRTHPLACE (city or town) Jacksonville (State or country) Fla.
 13. NAME Landy Walker
 14. BIRTHPLACE (city or town) Pa (State or country) _____
 15. MAIDEN NAME Corena Berry Walker
 16. BIRTHPLACE (city or town) Columbia (State or country) S.C.
 17. INFORMANT Matth. J. J. J. (Address) 1639 Alameda Road
 18. BURIAL, CREMATION, OR REMOVAL Place St. Joseph's Cemetery Date _____ 19____
 19. UNDERTAKER (Address) St. Joseph's Cemetery
 20. FILED _____, 19____ Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. W. W. Schell M.D.
 (Address) _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

